Conscious Coaching & Consulting Intake Form: Assessment and Therapeutic Planning

Basic Information

Date	
Name	Last Name _____ First Name _____
Date of Birth (Month/Day/Year)	
Address	
E-mail address	
Phone	Mobile: Home: Work:
How are you best reached?	Phone ☐ which one? Text ☐ E-mail ☐

Therapy

1.What brings you to therapy now?	
2.Previous therapy/with whom, what kind & how long?	
3.Are you presently in therapy?	Yes ☐ with whom? No ☐
4.How were you referred to me?	

Employment

5.Occupation	Employed by: _____. ☐ Full time ☐ Part time ☐ Student ☐ Retired ☐ Unemployed ☐ Looking for work ☐ On disability

6.Job satisfaction? Problems?	
7.How is it being employed?	

Education

8.Highest grade completed?	☐ High School	☐ GED	☐ Vocational
	☐ Some college	☐ Bachelors	☐ Graduate Degree/s
9.Any learning disabilities?			
10.Any future educational goals?			

Family/Relationships

11.Relationship status	☐ Single - not involved ☐ Single - currently involved ☐ Dating ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Other
12.Living Situation	☐ Alone ☐ With Spouse/Significant Other ☐ Family ☐ Friend, Roommate
13.Satisfaction with current living situation?	
14. Briefly describe your present relationship with spouse/partner including how long you've been in it.	

15.Briefly describe relationships with in-laws and any significant exes.	
16.Children, how many? Living with you? (Include if you are biological, adopted or stepparent)	How many?_____. Living with you?_____. **Name** **Age** **Your relationship w/ her/him** 1. 2. 3. 4. 5.
17.Family History (if deceased, how old were YOU when they died?) (If no history of psychiatric illness, put "N/A" next to the family member)	**Name** **Age** **History of Psychiatric Illness (depression, anxiety, addiction, etc.)** 1. Mother 2. Father 3. Stepparent/s 4. Siblings 5. Grandparents - Maternal - Paternal
18.Were you raised by biological parents? If not, by whom?	☐ Yes ☐ No – by whom?
19.If parents are divorced, what effect did this have on you?	

20.Any other important/significant people in your life (past/present)? Ex: relatives, teachers, friends	☐ Yes ☐ No Specify:
21.Any other significant deaths or losses?	☐ Yes ☐ No Specify:
22.Who or what is your major support system presently?	

Physical & Mental Health

23. Current Health Status	☐ Good ☐ Problems Last Physical Exam: _____. Specific medical considerations incl.: back/neck/knees/hospitalized/medication
24. Current Physicians Name & Phone Number	Physician Name: _____. Phone: _____.
25. Alternative Care	Name: _____. Phone: _____. Release (consent) forms signed? ☐ Yes ☐ No
26. Are there any current mental health problems, for example with depression or anxiety?	☐ Yes ☐ No If yes, describe:
27.Medication/s?	☐ Yes ☐ No If yes, what are you taking?

28. Name of Doctor prescribing?	Doctor Name: _____. Phone: _____. Release (consent) form signed? ☐ Yes ☐ No How often do you see him/her? _____.
29.Are you presently having any thoughts about wanting to harm yourself?	☐ Yes ☐ No Can you tell me about it?
30. Do you have any history around thinking about suicide or attempting to take your life?	☐ Yes ☐ No If yes, describe: Age of previous attempt/s, any hospitalizations, what medications? _____. _____.
31.Have you ever planned or attempted to hurt or harm another person?	☐ Yes ☐ No ☐ Anger management issues If yes, describe:
32.Do you or family members or friends think that you have a problem with drinking alcohol or using drugs? (include: recreational & prescriptive drugs)	☐ Yes ☐ No If yes, which ones? 1.Were you in any treatment for this? ☐ Yes ☐ No 2.If so, what kind of treatment & when? _____. 3.Any other addictions? _____. 4.Have/Do you attend any 12 step programs? Which one/s? _____. _____.

Military/Legal

33.Have you served in the military?	☐ Yes	☐ No
Veteran of war?	☐ Yes	☐ No

34.How did this affect your life?	
35. Have you ever been arrested for a crime?	☐ Yes ☐ No Date & nature of offense and current status:

Leisure/Spirituality

36.What kind of hobbies and interests do you have?	
37.What kind of physical activity do you do?	
38.Are you a member of any religious organization or a spiritual practice?	☐ Yes ☐ No If yes, which ones:
39.How important is spirituality in your life?	☐ Not important ☐ Slightly ☐ Moderately ☐ Somewhat ☐ Very Important

Psychosexual

40.Do you have any issues around sexuality that you want to address in therapy?	☐ Yes ☐ No If yes, please describe?
41.If you are in a relationship, is your sex life satisfactory?	☐ Yes ☐ No

42.What is your sexual preference?	
43. Have you ever had a sexual experience that still troubles you?	☐ Yes ☐ No If yes, specify:
44.How do you feel about yourself as a man/woman?	
45..Do you practice safe sex?	☐ Yes ☐ No ☐ N/A

Conscious Coaching & Consulting

46.Conscious Coaching & Consulting works with the mind, body and spirit. How is that important to you?	☐ Not important ☐ Slightly ☐ Moderately ☐ Somewhat ☐ Very Important
47.Name 3 characteristics about yourself that you like. Name 3 characteristics you want to change or transform.	Characteristics you like: 1. 2. 3.
	Characteristics you want to change/transform:
48.What do you hope to get out of therapy?	

Emergency Contact

49.Emergency Contact	Name: _____. Phone: _____. Release (consent) form signed? ☐ Yes ☐ No